

JOB PLACEMENT & TRAINING REPORT & BILL

I. Vendor Information	
Vendor #:	
Vendor Invoice #:	
Vendor Name:	
Address:	
Employment Specialist:	
Emp Spec Phone #:	
Emp Spec Email:	

II. Consumer / Billing Data			
Consumer:		Billing Period:	
Participant ID #		Hours/Days Currently Authorized:	
DRS Case #:		Hours/Days Billed:	
DRS Counselor:		Amount Due:	
Case Manager:		P&T Hours Used to Date:	
Service Code:		P&T Days Used to Date (group models):	
Current Authorization #:		Service Provided (Circle) JCTS* SE *No follow along required.	
Vocational Goal:			
SSA Status	Indicate Type and Amount or N/A		

III. Employment Data (Attach a job description with initial training progress report.)

Job Title:		Start Date:	
Employer:		Employee Benefits:	
Supervisor:		Work Schedule:	
Address:		Wage (Hourly):	
Phone:			
Accommodations:			
Orientation / Job Benefits:			
Transportation:			
Natural Supports:			

IV. Work Skills & Ratings: (4 = Mastered employer expectations – no intervention required; 3 = Additional progress made – minimal intervention provided; 2 = Some progress noted – intervention decreased but frequent intervention still required; 1 = Does not meet employer standards – intervention required)

A. Interpersonal & Work Behavior Ratings:

<u>Skills Observed</u>	<u>Rating</u>	<u>Comments</u>
Attendance		
Punctuality		
Communication w/ Others		
Work Speed		
Problem Solving Skills		
Initiative		
Personal Hygiene / Grooming		

B. Skill Acquisition Ratings:

List Essential Job Functions:	Rating:	Comments: (Must include level of independence in completion or tasks, quality of work, and productivity rates)

C. Employer Rating (attach SE Form 5 thirty days after initial placement and at DRS case closure.)

D. Intervention / Fading Plan:

<u>Current Month Intervention Summary</u>		<u>Projected Fading Schedule for Next Month</u>	
1. Total Consumer Work Hours			Projected Hours:
2. Total Monthly Intervention Hours		Week I	
3. Monthly Intervention % (2/1)		Week II	
4. Stability Reached for Follow Along (status 22) (Y or N)		Week III	
5. Projected Date to Begin Follow Along		Week IV	
6. Follow-Along Provider		Week V	

V. Action Plans & Justification (Narrative should reflect, but not be limited to, IPE / ISP goals, justification for continued SE services, additional hours requested, next scheduled staffing dates, specific barriers to employment, additional services warranted to include medical evaluations, travel training progress and issues, rehab engineering, etc. Be as specific as possible.)

HOURS BILLED DIRECT/INDIRECT SERVICES _____

TRANSPORTATION _____

DOCUMENTATION _____

EMPLOYMENT SPECIALIST _____

TOTAL*

DATE
